ATTORNEY OR PARTY WITHOUT ATTORNEY (NAM	E, STATE BAR # AND ADDRESS):	FOR COURT USE ONLY
TELEPHONE NO. FAX NO. EMAIL ADDRESS (<i>Optional</i>) ATTORNEY FOR (<i>NAME</i>):	. (Optional)	
Superior Court of California, County of Sacrament	•	
720 Ninth Street, Room 102		
Sacramento, CA 95814-1380		
Website: http://www.saccourt.ca.gov		
PLAINTIFF/PETITIONER:		CASE NUMBER:
DEFENDANT/RESPONDENT:		
LIMITED CIVIL	CASE STATUS MEMOR	ANDUM
This form is to be filed ONLY if the case is at cases shall be submitted on Local Form CV\E		ion and/or mediation on Limited Civil
☐ CASE STATUS MEMORANDUM☐ COUNTER CASE STATUS MEMORAN	DUM	
☐ Not At Issue		
Specify:		
opoony		
☐ SHORT CAUSE TRIAL	☐ LONG CAUSE TRIAL	
(Any trial lasting 5 hours or less)	☐ Jury Trial ☐ Non-Jui	rv Trial
(y man doming o notice or recor	•	on-refundable jury fee is required
	Estimated time for trial	
	☐ Is Preference Claimed?	
	Cite Code:	
ARBITRATION		
☐ Plaintiff elects to refer this case to judicial art	pitration.	
☐ The case is suitable for arbitration. Specify: _		
☐ The case is NOT suitable for arbitration.Spec	cify:	
Discovery to remain open 30 days from the o	date ordered into Arbitration/Med	diation.

LIMITED CIVIL CASE STATUS MEMORANDUM Proof of Service

1.	I am over 18 years of age and not a party to this action. I am a resident of or employed in the county where the mailing took place. My residence or business address is:			
2.				
3.	On (date): I mailed from (city and state): the Limited Civil Case Status Memorandum for Case #			
4.	I served the documents by enclosing them in an envelope and (check one):			
		a.	depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.	
		b.	placing the envelope for collection and mailing following our ordinary business practices. I am readily familiar with this businesses practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.	
5.	The was		elope was addressed and mailed as follows (please include the person's name and address where iten	
			7	
۱d	eclar	e un	der penalty of perjury under the laws of the state of California that the foregoing is true and correct.	
Da	ite: _			
		Туре с	or Print Name of Person Completing This Form) (Signature of Person Completing This Form)	